

MATURITY FORM

INSTRUCTIONS: 1. The policyholder must sign any cancellation/alteration. 2. If cheque is not personalised please provide copy of latest bank statement/passbook. 3. Account no. is MANDATORY for all type of payments. Request you to submit the original cancelled cheque. 4. This form can be sent to "The Policy Servicing Department, Kotak Mahindra Life Insurance Company Ltd., 9th Floor, Intellion Square (Building No.4), Infinity Park, Off. W. E. Highway, General AK Vaidya Marg, Malad (E), Mumbai - 400 097, India.

Note: In order to abide by the Foreign Account Tax Compliance Act (FATCA), kindly submit a Insurance FATCA Declaration, separately, if the answer to any of these questions is a 'yes': (i) Are you a citizen of any other country apart from India (dual or multiple citizenship); (ii) Are you a resident (for tax purposes) of any other country other than India; (iii) Do you hold a green card of USA or any similar card for any other country?

I/We confirm that I/we shall report any future changes in my/our tax status to Kotak Life Insurance within 30 days of such change. I/We also confirm that until I/we provide a written intimation about any such changes, Kotak Life Insurance may presume that there is no change in my/our tax residency status and consider my/our earlier submitted declarations, if any, as valid. I understand that for any queries about my/our tax residency, I/we have to consult my/our own tax consultant.

1. PARTICULARS OF THE POLICYHOLDER

a) Policy Number

b) Full Name : Title Surname First Name Middle Name

c) Contact No : STD Mobile

d) Address* :

City: State : Pin : M A N D A T O R Y

* If there is an address change please submit a valid address proof with address change form

Email Address

Do your bit for a greener world by switching to e-communication. Kindly tick if you would like to receive your communication through electronic mode for all your policies.

2. DETAILS REGARDING MATURITY

Name of the Plan

For KRIP 2/3 Annuity payout (Choose any of the following option)

Kotak Life LIC of India ICICI Pru Birla Sun Life MetLife SBI Life
 Bajaj Allianz Life Reliance Life Max New York Life Aviva Life TATA Aig Life Bharti AXA Life
 Shriram Life Other Insurers offering annuity plans

3. SETTLEMENT OPTIONS (Pay directly to my bank account mentioned here, please attach original blank cancelled cheque for any payment type)

Payment remittance type Cheque Direct credit

Name of the Policy holder as per Bank record

Bank Name & Address

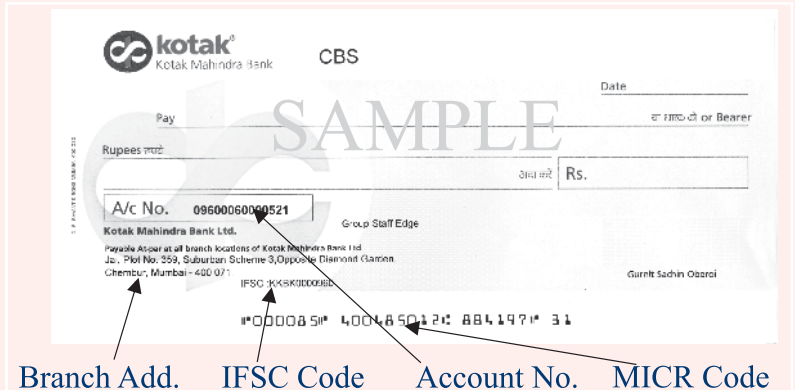
Account Type Savings NRE* Others (if any)

Account No:

IFSC Code

MICR Code

*Credit to NRE account can be given only if premium are received from NRE account



Branch Add. IFSC Code Account No. MICR Code

4. DECLARATION BY THE POLICYHOLDER

I understand and agree to all information and terms and conditions given in my policy contract.

Place

Date

Signature of the Policy holder or Guardian (if life insured is minor) or Assignee (if policy is Assigned)

5. DECLARATION BY THE PERSON FILLING IN THE FORM (For form filled in by a scribe or for forms signed in vernacular languages)

I _____, residing at _____ having known the proposer for a period of _____ do declare that I have explained the nature of the questions contained in this form to the proposer. I have also explained that the answers to the questions form the basis for accepting this request for Maturity.

Date

Signature of Scribe

FOR OFFICE USE ONLY

Branch Name Mode of receipt

Date of receipt Time of receipt

Name of branch co-ordinator

Signature of branch co-ordinator

Kotak Mahindra Life Insurance Company Ltd., IRDAI Regn. No. 107, CIN: U66030MH2000PLC128503, Regd. Office: 8th Floor, Plot #C-12, G-Block, BKC, Bandra (E), Mumbai-400 051
 For any correspondence kindly contact us at: 9th Floor, Intellion Square (Building No.4), Infinity Park, Off. W. E. Highway, General AK Vaidya Marg, Malad (E), Mumbai - 400 097, India.
 (+9122) 6994 8000 {D} 6725 6166 {F} 1800 209 8800 (toll free) www.kotaklife.com | Write to: kli.in/WECARE/WhatsApp: 9321003007

CC/PS/Form/Maturity Form/006

ACKNOWLEDGEMENT

We acknowledge the receipt of request for Maturity for Policy no.: _____.

Branch Name

Date Time

Name of branch co-ordinator

Signature of branch co-ordinator

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